

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD**510 EAST 12TH, SUITE 1A****DES MOINES, IA 50319****Fax: (515)281-4073****www.iowa.gov/ethics****FORM-GB**Gift or Bequest information received
by a department or accepted by the
Governor on behalf of the state**For office use only**

Indexed _____

Audited _____

Checked _____

Computer _____

Iowa Code section 8.7 requires all gifts and bequests given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:**Iowa Department of Corrections - Newton Correctional Facility**

Name of Department or Office
307 S 60th Avenue Newton, IA 50208

Mailing Address
641.792.7552 City, State, Zip Code

Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

A. D. Baack

Name
same same

Mailing Address (if different from above)
aaron.baack@iowa.gov City, State, Zip (if different from above)
same

Email Address
Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Grinnell College

Name
1119 6th Avenue Grinnell, IA 50112

Mailing Address
641.269.4000 City, State, Zip Code

Area Code & Telephone Number
n/a

Email Address (optional)

30 Mar 2012 \$10,500.00

Date of Gift or Bequest Amount/Value*

*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:

Computers, monitors, mice, and keyboards donated from Grinnell for overall Institutional use

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, DIANN WILDER-JONES affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Diann Wilder-Jones
Signature

4-3-12
Date

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A
 DES MOINES, IA 50319
 Fax: (515)281-4073
www.iowa.gov/ethics

Reset Form

FORM-GB

Gift or Bequest information received
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Iowa Code section 8.7 requires all gifts and bequests given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Newton Correctional Facility

Name of Department or Office
PO Box 218

Newton, IA 50208

Mailing Address

City, State, Zip Code

641-792-7552 x 411

Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Terry Mapes

Name

Mailing Address (if different from above)

City, State, Zip (if different from above)

terry.mapes@iowa.gov

Email Address

Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Newton Mfg.

Name

1123 1st Ave. E.

Newton, IA 50208

Mailing Address

City, State, Zip Code

641-792-4121

Area Code & Telephone Number

Email Address (optional)

3-28-12

\$50.00

Date of Gift or Bequest

Amount/Value*

*value is defined as "fair market value" of item as determined by
 receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof.

Boxes of books that were left over from their book sale to be used in offender library.

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, DIANN WILDER-TOMLINSON affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

Date

4-3-12

Newton Correctional Facility				
PO Box 218, Newton, Iowa 50208				
Date	Name	Address	Reason	Amount
03/28/12	Newton Mfg.	1123 1st Ave. E. Newton, IA 50208	donation	\$ 50.00
			Total Amount :	\$ 50.00

Newton Correctional Facility				
PO Box 218, Newton, Iowa 50208				
Date	Name	Address	Reason	Amount
03/28/12	Newton Mfg.	1123 1st Ave. E. Newton, IA 50208	donation	\$ 50.00
		Books for offender Library		
			Total Amount :	\$ 50.00

[illegible]